

9145

San Carlos Agency
E---On R. STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

85

1. PLACE OF DEATH

County Gila State Arizona Registered No. _____
Township On reservation with medical center Village San Carlos or _____
City _____ No. San Carlos Indian Hospital St. _____ Ward _____
(If death occurred in a hospital or institution, give its name instead of street and number)
Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME Pike, Baby boy (Stillborn)

(a) Residence: No. Bylas, Arizona St. _____ Ward. _____
(Usual place of abode) (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE 4/4 Apache 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Stillborn

5a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) Sept. 27th, 1937

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) San Carlos, Arizona

13. NAME Pike, Alfred

14. BIRTHPLACE (city or town) Bylas, Arizona

15. MAIDEN NAME Valor, Nellie

16. BIRTHPLACE (city or town) Bylas, Arizona

17. INFORMANT Hospital
(Address) San Carlos, Arizona

18. BURIAL, CREMATION, OR REMOVAL Burial
Place Bylas, Ariz. Date Sept. 28th 1937

19. UNDERTAKER Family
(Address) San Bylas, Arizona

20. FILED Sept. 29th 1937
W. G. ... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) September 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept. 27th, 1937 to Sept. 27th, 1937

I last saw h. _____ alive on _____, 19____; death is said to have occurred on the date stated above, at 7:20 p.m.

The principal cause of death and related causes of importance were as follows:
Stillborn male infant, EC, toxemia in mother.

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical. Was there an autopsy? NO

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? NO
If so, specify _____

(Signed) *W. G. ...* M. D.
(Address) San Carlos, Arizona.

MARGIN RESERVED FOR BINDING

8-2081
V. S. No. 98

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.